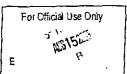
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 63218	2. Fiscal Year Covered From:			
	01 / 01 / Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ROGER D CLARK	Name I. B. E. W. LOCAL 16			
·	Labor Organization File Number 333262			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7333 Parkridge	Street 9001 NKe Stucky AVE			
City NEWBURGH	City ENANSUILLE			
State	State ZW Code + 4 77/25			
5. Position in labor organization. EXAMINIC BOARD MEMBER				
Enter appropriate data below if, during the past fiscal year, you or your spour	se or minor child directly or indirectly had any of the following interests			

Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islans set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City  State  ZIP Code + 4	
Signa	ture
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section)	ng documents), has been examined by the signatory and is, to the best of the
Signed Should all Claries	on 8-8-25 8/2-422-3 <b>3</b> 43

Date

Telephone Number

Name of Person Filing		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	s			
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name GARCHRICA! JAEC	a. Labor Organiza	tion			
Trade Name, if any:	b. Trust (JA+C)				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 1321 EdgAR Street					
City Eumsuille					
State Zu ZIP Code + 4 47110					
10. If 9,b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Electrical TATE	Reinburg	t of miles	是 原品 红色山		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 1301 Edinal Street	11.b. Approximate dollar value	e of such dealing.	# 531.44		
City EMANSVILLE	12.a. Nature of interest held	or income received.			
State ZIP Code + 4 47110	Beinhursone"	of miliage	, pala quifou		
	12.b. Amount.		\$ 631.64		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	27				
Street					
City			·		
State ZIF Code + 4					
13 b. Is the Business an Employer or Consultant ? ?	14.b. Amount of payment.				